

<b>Case Number:</b>	CM15-0078438		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: North Carolina  
Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old female sustained an industrial injury on 5/17/12. She subsequently reported back pain. Diagnoses include thoracic/ lumbosacral disc displacement, and lumbosacral neuritis. Treatments to date have included x-ray and MRI studies, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the bilateral lower extremities. Upon examination, the injured worker scored a 66 % disability on the Oswestry scale. A request for Outpatient IntraDiscal platelet-rich plasma (PRP) injection at L3-L4, L4-L5 and L5-S1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Outpatient IntraDiscal platelet-rich plasma (PRP) injection at L3-L4, L4-L5 and L5-S1:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, low back, PRP.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address the requested service. The ODG states platelet rich plasma is not recommended in the treatment of low back pain. The results are limited and controversial. As this procedure is not recommended, the request is not medically necessary.